

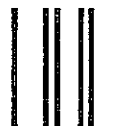
AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE September 10, 2007	
NAME OF SERVER (PRINT) Charles Snyderman	TITLE Plaintiff's Attorney	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____ _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>served by certified mail, return receipt requested</u> _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>09/19/07</u> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Date Signature of Server </div> <div style="text-align: center; margin-top: 20px;"> <u>5301 Limestone Road, Suite 214</u> <small>Address of Server</small> Wilmington, DE 19808 </div> </p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Colm F. Connolly, Esquire U.S. Attorney's Office 1201 N. Market Street Suite 1100 Wilmington, DE 19801</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0001 9025 2361</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

CHARLES SNYDERMAN, P.A.
5301 LIMESTONE ROAD, SUITE 214
WILMINGTON, DELAWARE 19808

